Los Angeles County
Department of Mental Health
Treatment Authorization Request Form
Specific Antipsychotics: Ongoing Polypharmacy

FAX to: Pharmacy Services, (213) 637-2550

Note: to avoid delays, form must be complete or it will be returned

1. Only one medication request can be submitted per form.
2. Illegible forms will not be accepted.
3. Prescriber signature must be handwritten, not typed or stamped.
4. Response is normally within one business day.

I request that the exclusionary Pharmacy Authorization and Tracking System (PATS) edit involving the following two medications be overriden for this DMH Client.

Patient Information:

Name:	MIS #:	Date Requested:

Medication Request:

Requested Atypical:	Current Atypical :

I hereby state that all of the following conditions pertain and that the documented reasons for these conditions are accurate.

Condition 1: There is no alternative source of reimbursement, including insurance, Medi-Cal, or self pay.

Reason:
Plan to address, or reason it cannot be addressed:

Condition 2: There is no source to secure appropriate sample medication or vouchers.

Reason:
Plan to address, or reason it cannot be addressed:

Condition 3: There is a reasonable basis for belief that substituting monotherapy or alternative polypharmacy that does not involve simultaneous use of two highly expensive antipsychotic medications will cause unacceptable care disruption.

Reason:
Plan to address, or reason it cannot be addressed:

Prescriber Information:

Name (printed):	Signature:	
Supervising Psychiatrist Signature:		
DMH Site/ Clinic Name:	Phone Number:	Fax Number:

Shaded Area for DMH Pharmacy Service Use Only

Department of Mental Health Action

Decision: (Pharmacy Dir., Supv. Psych., Medical Dir., or designee)		Date:
☐ Accept ☐ Deny	Reason:	
Reference Number:	Duration (months):	Drug Code:

Department of Mental Health, Pharmacy Unit, 550 S. Vermont Ave., Room 903, Los Angeles, CA 90020; Telephone (213) 738-4725

This Facsimile and any attached documents are confidential and are intended for the use of individual or entity to which it is addressed. If you received this in error, please notify us by telephone immediately.